

**Tickets Provided by  
Agency Report**

**A Public Document**

TICKETS PROVIDED BY  
AGENCY REPORT

<b>1. Agency Name</b> City of Imperial Beach Division, Department, or Region (if applicable) Street Address 825 Imperial Beach Blvd., Imperial Beach, CA 91932 Area Code/Phone Number (619) 423-8301 E-mail ibcclerk@cityofib.org Agency Contact (name and title) Jacqueline M. Hald, City Clerk		Date Stamp 2010 SEP 22 A 11:02	California Form <b>802</b> For Official Use Only
<input type="checkbox"/> Amendment (Must explain in Part 5.) Date of Original Filing: _____ (month, day, year)			

**2. Event For Which Tickets Were Distributed**

Date(s) of Event: 9 / 17 / 10 Description of Event: The Comedy Palace Show  
Face Value of Ticket: \$ 50.00  
Agency Event ☐ Yes ☒ No (Identify source of tickets below.)  
Name of Outside Source of Ticket(s) Provided to Agency: The Comedy Palace  
Number of Tickets Received: 6 Ticket(s) Provided to Agency: ☒ Gratuitously ☐ Pursuant to Contract

**3. Agency Official(s) Receiving Ticket(s)** (use a continuation sheet for additional names)

Name of Official (Last, First)	Number of Tickets	State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution
Rafael Adame	2	5.3 (j) City employee drawing.

**4. Individual or Organization Receiving Ticket(s)** (Provided at the behest of an agency official.)

Name of Behesting Agency Official: City of Imperial Beach  
Name of Individual or Organization: Erika N. Ceja Number of Tickets: 2  
Description of Organization: Local Government  
Address of Organization: 825 Imperial Beach Blvd., Imperial Beach, CA 91932  
Number and Street City State Zip Code  
Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)  
Attracting and retaining highly qualified employees in City Service.

**5. Verification**

I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.

Gary Brown Gary Brown City Manager 9/21/10  
Signature of Agency Head or Designee Print Name Title (month, day, year)

Comment: (Use this space or an attachment for any additional information including amendment explanation.)